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PTO/SB/82 (04-05)

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Application Number	10/060,678
Filing Date	02-06-2002
First Named Inventor	IANNIELLO
Art Unit	3673
Examiner Name	Shackelford
Attorney Docket Number	29641-178360

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Peter J. Ianniello		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Peter J. Ianniello</i>	
Name	Peter J. Ianniello	
Date	07-13-05	Telephone 410-937-2687

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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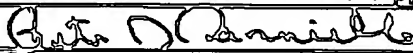
<input checked="" type="checkbox"/> Firm or Individual Name	Peter J. Tanniello		
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